

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

Elmers For NC

ADDRESS (number and street)

PO Box 547

Check if different  
than previously  
reported. (ACC)

Dunn

NC

28335

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00797878

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

NC

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2022

through

M M / D D / Y Y Y Y  
03 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hafele, Vicki, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hafele, Vicki, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 10 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 17

Write or Type Committee Name  
Elmers For NC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2022

To:

MM / DD / YYYY  
03 / 31 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10431.17	18198.47
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10431.17	18198.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3408.69	4925.99
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3408.69	4925.99
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	14732.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	2500.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 17

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Elmers For NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

8400.67

14650.67

(ii) Unitemized.....

1030.50

1030.50

(iii) TOTAL of contributions from individuals ▶

9431.17

15681.17

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1000.00

1000.00

**(d) The Candidate.....**

0.00

1517.30

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

10431.17

18198.47

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

2500.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

2500.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

10431.17

20698.47

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3408.69	4925.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1040.18	1040.18
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4448.87	5966.17

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8750.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10431.17
25. SUBTOTAL (add Line 23 and Line 24).....	19181.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4448.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14732.30

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Elmers For NC

**A.** Full Name (Last, First, Middle Initial)  
Edgerton III, E.C., , ,

Mailing Address 807 S Clinton Ave

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Edgerton Memorials	Occupation Owner
--	---------------------

Receipt For: 2022  
☐ Primary ☐ General  
☒ Other (specify) ▼ Runoff

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

300.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Elmers, Renee, , ,

Mailing Address PO Box 547

City Dunn	State NC	Zip Code 28335
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C H2NC04218

Name of Employer CBS	Occupation Medical Sales
-------------------------	-----------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2022

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

1000.00

☐ Memo Item

In-kind - Wake County GOP Convention

**C.** Full Name (Last, First, Middle Initial)  
Elmers, Renee, , ,

Mailing Address PO Box 547

City Dunn	State NC	Zip Code 28335
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C H2NC04218

Name of Employer CBS	Occupation Medical Sales
-------------------------	-----------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2022

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

94.37

☐ Memo Item

In-kind - Printing Postcards

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1394.37

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

**A.** Full Name (Last, First, Middle Initial)  
**Elmers, Renee, , ,**

Mailing Address PO Box 547

City Dunn	State NC	Zip Code 28335
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H2NC04218

Name of Employer CBS	Occupation Medical Sales
-------------------------	-----------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6167.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 29 2022

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period

1056.30

☐ Memo Item

In-kind - Space rent and Food & Beverages

**B.** Full Name (Last, First, Middle Initial)  
**Fitchett, Renee, , ,**

Mailing Address 3501 Integrity Dr

City Garner	State NC	Zip Code 27529
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Glass & Mirror	Occupation Owner
---	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gilchrist, David, , ,**

Mailing Address 143 Main St

City Buies Creek	State NC	Zip Code 27506
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Campbell University	Occupation Professor
---	-------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1556.30

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 7 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Elmers For NC

**A.** Full Name (Last, First, Middle Initial)  
Herring, Howard Lee, , ,

Mailing Address 201 Parliament Pl

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Servpro of Fayetteville	Occupation President
---	-------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Hudson, Brian, , ,

Mailing Address 214 Fairway Dr, Ste B

City Fayetteville	State NC	Zip Code 28305
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Southeastern Insurance	Occupation Agent
--	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Kelly, Robert, , , Jr.

Mailing Address 1008 W Broad St

City Dunn	State NC	Zip Code 28334
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FEC ID number of contributing federal political committee. C

Name of Employer Violin Exchange	Occupation Owner
-------------------------------------	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

**A.** Full Name (Last, First, Middle Initial)  
**Mullineaux, Troy, , ,**

Mailing Address 12482 Eagle St NW

City Minneapolis	State MN	Zip Code 55448
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation News Professional
--------------------------	---------------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
210.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2022

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Patel, Kai, , ,**

Mailing Address 1125 East Broad St

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Dylan Hotels
--------------------------	----------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2022

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pearce, Sharon, , ,**

Mailing Address 88 Telluride Trail

City Garner	State NC	Zip Code 27529
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation CRNA
--------------------------	--------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2022

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

**A.** Full Name (Last, First, Middle Initial)  
**Pearce, Sharon, , ,**

Mailing Address 88 Telluride Trail

City Garner	State NC	Zip Code 27529
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation CRNA
--------------------------	--------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2022

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Phillips, Marcus, , ,**

Mailing Address 910 Clinton Ave

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-East Materials LLC	Occupation Agent
--	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Powell, William, , ,**

Mailing Address 99 Peace Ln

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

850.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

**A.** Full Name (Last, First, Middle Initial)  
**Schmidlin, Jim, , ,**

Mailing Address 228 Kington Pl

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Century Care Mgmt	Occupation President
---------------------------------------	-------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2022

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sills, J. Wesley, , ,**

Mailing Address 1600 Wellons Ave

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Harnett County Schools	Occupation Administrator
--	-----------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Tart, Joey, , ,**

Mailing Address 504 Village Walk Dr

City Holly Springs	State NC	Zip Code 27540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JATWHIT LLC	Occupation Developer
---------------------------------	-------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Elmers For NC

**A.** Full Name (Last, First, Middle Initial)  
Tart, Robert, , , Jr.

Mailing Address 310 S Layton Ave

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer RET House Interiors	Occupation Owner
---	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Taylor, Jen, , ,

Mailing Address 5530 Crosshill Ct

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Self	Occupation Homemaker
--------------------------	-------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 02 2022

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Tew, Roy V, , , III

Mailing Address PO Box 1258

City Dunn	State NC	Zip Code 28335
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer RVT Enterprises	Occupation Owner
-------------------------------------	---------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2022

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

**A.** Full Name (Last, First, Middle Initial)  
**Turlington, Rebecca, , ,**

Mailing Address PO Box 1027

City Dunn	State NC	Zip Code 28335
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Turnage, Phyllis, , ,**

Mailing Address 610 W Divine St

City Dunn	State NC	Zip Code 28334
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00

8400.67

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

Full Name (Last, First, Middle Initial)  
**Fund for American Exceptionalism PAC**

Mailing Address 5868 East 71st Street

City	State	Zip Code
Indianapolis	IN	46220

FEC ID number of contributing federal political committee. **C** C00512855

Name of Employer Occupation

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 11 2022

Transaction ID : SA11C.4219

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00
1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

<b>A. Bridges Consulting LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 226 N Front St, Ste 106 City Wilmington State NC Zip Code 28401 Purpose of Disbursement Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:				Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2022 FEC Identification Number C Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.4157 <input type="checkbox"/> Memo Item	
<b>B. Elmers, Renee, , ,</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 547 City Dunn State NC Zip Code 28335 Purpose of Disbursement In-kind - Wake County GOP Convention Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 04				Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2022 FEC Identification Number C H2NC04218 Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4164 <input type="checkbox"/> Memo Item	
<b>C. Elmers, Renee, , ,</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 547 City Dunn State NC Zip Code 28335 Purpose of Disbursement In-kind - Printing Postcards Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 04				Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2022 FEC Identification Number C H2NC04218 Amount of Each Disbursement this Period 94.37 Transaction ID : SB17.4172 <input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶				2054.37	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶					

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elmers For NC

Full Name (Last, First, Middle Initial)

**A.** Elmers, Renee, , ,

Mailing Address PO Box 547

City

Dunn

State

NC

Zip Code

28335

Purpose of Disbursement

In-kind - Space rent and Food &amp; Beverages

Candidate Name

Office Sought:

☒

House

☐

Senate

☐

President

State: NC

District: 04

Disbursement For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	2

FEC Identification Number

C H2NC04218

Amount of Each Disbursement this Period

1056.30

Transaction ID : SB17.4186

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1056.30

**TOTAL** This Period (last page this line number only).....▶

3110.67

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
**Elmers For NC**

Full Name (Last, First, Middle Initial)

## **A. Wake County Republican Party**

Mailing Address PO Box 10450

City  
 Raleigh

State  
 NC

Zip Code  
 27605

Purpose of Disbursement  
 State party contribution

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 03 / 03 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1040.18

Transaction ID : SB21.4217

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

1040.18

**TOTAL** This Period (last page this line number only).....▶

1040.18

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 17

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Elmers For NC

Transaction ID : SC/10.4117

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Elmers, Renee, , ,

☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 547

City

Dunn

State

NC

ZIP Code

28335

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 12<sup>M</sup>/ D 31<sup>D</sup>

/ Y 2021 Y

M M

/ D D

/ Y N/A Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2500.00

**TOTALS** This Period (last page in this line only).....▶

2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.